

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Marc O. Schurr

Application No.: 10/722,109

Filed: 11/25/2003

For: Medical Implant

Group No.: 3738

Examiner: Matthews, W.H.

***RESPONSE UNDER  
37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP  
3738***

**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL**

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

**STATUS**

2. Applicant is other than a small entity .

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(2)) for two months:

Fee: \$460.00

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3)	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. FEE
TOTAL 6	MINUS 36	= 0	x \$ 50.00 = \$ 0.00
INDEP 1	MINUS 3	= 0	x \$ 210.00 = \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			+ \$ 0.00 = \$ 0.00
			TOTAL \$ 0.00 ADDIT. FEE

No additional fee for claims is required.

## FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$460.00 to Deposit Account No. 19-4972.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

## FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 19-4972.

If any additional fee for claims is required, charge Account No. 19-4972.

Date: March 19, 2008

/Moses A. Heyward, #61,140/

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